



EMPLOYEE DATA/CHANGE IN STATUS

Medford Office: (541) 772-0100 Fax: (541) 770-3272
Eugene Office: (541) 359-1214 Fax: (541) 359-1216

Company Name: _____

Employee #: _____ Social Security #: _____

Name: _____ Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Hire: _____ DOB: _____

Marital Status: _____ email: _____

<u>Gender</u>		<u>Employee Type</u>			
Male	Female	Full-time	Part-time	Temp	Seasonal

Salary \$: _____ Hourly Rate \$: _____

Department: _____ **Direct Deposit**

Division: _____ **Yes No**

Notes:

